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Child Sexual Abuse: Generic Roots of the Victim Experience

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Although progress has been made in the past decade in understanding the different levels of symptoms in children who have been sexually abused, there remains a knowledge gap with regard to the meaning of the abusing event and how that event is cognitively processed by the child. We believe it is critical to understand the structure of this experience for the child so that we may provide more meaningful interventions.

The purpose of this article is to present a conceptual framework for understanding the nature and structure of the abusing experience for the child-victim. In doing so, we will address: (1) the phases of sexual abuse and recovery, which will focus on the sequencing and time parameters involved in experiencing, disclosing, and recovering from sexual abuse; and (2) the manner in which the abuse is processed by the child, including the mediating mechanisms involved, how the child may encapsulate the trauma, the dissociative processes which may occur, and the patterned responses of victims to the event.

PHASES OF SEXUAL ABUSE AND RECOVERY

The various phases of sexual abuse and recovery elicit different responses from the child or adolescent victim, depending upon certain factors. These factors contribute to how successfully or unsuccessfully the child psychologically will handle the abuse.

Pre-Abuse Phase

The more social and psychological coping mechanisms are available to the child before the sexual abuse takes place the better the child is likely to handle the trauma of abuse. The factors that seem to be most important include: (1) the environmental supports available; (2) the quality of

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relationships with adults and siblings; (3) the child's psychological organization; and (4) the child's ego development.

Abuse Phase

The factors which appear most critical during this phase are: (1) the relationship of the assailant to the child; (2) the degree of violence, threat, and intimidation used; (3) the type of sexual and other physical acts; (4) the child's age; (5) the defenses and coping mechanisms used by the child throughout the assault period (including behavioral, cognitive, and psychological defenses); (6) the patterns of inhibition and disinhibition demanded of the child for survival in response to the abuser's aggressive and erotic behaviors; (7) the presence of multiple perpetrators; (8) the use of pornography; (9) the extent of distortion and bizarreness in the sexual activity; and (10) the symptoms manifested by the child. Obviously, the more of these factors which are present, the more difficult it will be psychologically for the child to manage.

Disclosure Phase

The crucial questions which need to be explored during this phase include: (1) Was the disclosure voluntary or forced? (2) How does the system respond to the child? This response could include physical examination, interviews about what happened, and contact with the criminal justice system, as well as family and extended social network response. (3) What type of contact does the child have with the perpetrator? If the perpetrator is a family member, such as parent or sibling, the impact of the social support system is important in how it shapes the victim's thoughts about himself or herself and the abuse experience. If the perpetrator is a stranger, has the stranger been apprehended? (4) Is the offender released after a period of confinement? (5) Does the offender attempt to threaten the child (which can occur in cases of group or sex ring involvement)? (6) How many symptoms of stress manifest themselves and what are the characteristics of these symptoms?

Post-Disclosure Phase

The critical questions which must be answered in determining how successfully the child will manage this phase include: (1) What life adjustments have been made? (2) How much disruption has there been in pre-assault life activities? (3) How are signs of aggression or avoidance handled by family or victim? (4) How is sexualized behavior dealt with by family and victim? (5) Has there been continuous goal-directed

development in the child? and (6) To what extent does the family talk with the child about the abuse and about how the child is presently managing?

TRAUMATIC EVENT PROCESSING

It is critical when assessing a child's response to sexual abuse to understand the factors occurring at each of the above phases which will determine the degree to which the child can successfully manage the traumatic event. We will now present a model which we feel represents the specific mechanisms involved in the way the child cognitively processes the sexual abuse.

Pre-Abuse Conditions

As previously noted, the pre-abuse conditions can serve to indicate the child victim's strengths and vulnerabilities. In addition, they are often important factors in the child's recovery from the sexual abuse.

These conditions can be described as falling into one of three categories. The first, *early life history*, includes quality of relationships with adults and siblings, early socialization experiences, and social resources. The second, *pre-existing beliefs and values*, are those pertinent patterns of adaptation which allow for more effective coping. The third, *level of life stress conditions* incorporates how stressful the child's life is in ways that has an impact on the intensity of his or her reaction to the abuse.

Event

We use the term event to refer to the sexual activities and abuse that occurs between the child and the adult whether this abuse occurs only once or whether it continues over time. The event may include a wide range of behaviors including some of the following: dialogue and conversation about the victim's sexuality; physical sexual contact; the use of force, orders, and threats (including threats to life); and ploys used to guarantee secrecy and continuance of the sexual activity.

Informational Processing of the Event: The Mediating Mechanism

In considering the victim's post-abuse reactions, it is useful to think of cognitive-behavioral adjustment to a traumatic event as arising from the informational processing which occurred during the event. The pre-

sumption is that information is kept in active awareness until it can be placed in distant memory. That comes about when there is sufficient processing for the information to be stored. Successful counseling can facilitate this processing, allowing the victim to place the event in distant memory.

There is currently no empirical research on traumatic event processing by sexual abuse victims. The closest we have is research on wartime trauma, which will be briefly reviewed because of its similarity to child sexual abuse in duration, use of authority, and variance in impact. Researchers studying Vietnam War veterans have noted that a combination of brutal training, immersion in the horror of war, and a hostile homecoming have prevented the veterans from taking their expected place in society (Egendorf et al., 1981; Figley, 1979). Victim-survivor wartime trauma research has noted the many classes of variables (e.g., demographic, dispositional, and environmental) that affect how an individual experiences or assimilates a traumatic event.

The central feature of Post Traumatic Stress Disorder (PTSD), which is the stress pattern resulting from traumatization, is that the individual re-experiences the original trauma both unconsciously and consciously. This re-experience phenomenon is expressed in intrusive, uncontrolled, and disturbing thoughts and images; in dreams and nightmares; in dissociative states of consciousness; and in unconscious symbolic or behavioral re-enactments of the traumatic situation as either the victim or the aggressor (Horowitz, 1975).

One major difference between child sexual abuse and wartime trauma is, of course, the age of the individual experiencing the event. In child sexual abuse, the child's personality is forming; thus, the event intervenes with the child's developing ego. In the young adult going to war, the personality integration of the stress and trauma of combat and adjustment becomes a function of pre-existing personality and coping patterns.

The study of informational processing has given some clues to the intensity of the defensive adjustment made by children who are assaulted over a prolonged period of time. Their initial distress is subdued by a level of cognitive operations that allows the abuse activities to be stored partially in past memory. It is merely speculation as to what the child does cognitively to accomplish this, although it is assumed that dissociation, to be described later, plays an important role.

This information processing premise also suggests why disclosure is so upsetting to the child, as disclosure requires a breakdown of the defensive structures in order to retrieve or disclose the information. If disclosure comes from an outside source, the child may respond with distress and anger toward the outside person who reveals what is going on. The child's anger is defensive and protective of his or her adjustment to the long term abuse.

Encapsulation of the Event

A growing body of literature supports the premise that sexual abuse of children is a traumatic event having personal repercussions over time (Browne and Finkelhor, 1984). Of particular importance to child sexual abuse is that after the first expression of acute symptoms are manifested by the child, and no substantive response to the child's predicament follows, there is a quiescent period when the molestation still continues. It is during this period that the child must in some manner encapsulate the trauma of the abuse.

The encapsulation process has two components. First, silence is required by the offender about the abuse. Second, a defensive position is taken by the child to discuss and to avoid any possible detection. This defensive silence encloses the sexual abuse that is ongoing; the informational processing of the ongoing event holds the event in present memory.

This encapsulation process depletes the child's psychic energy and thus disrupts the continuity of development of other areas of the child's psychological make-up. Of particular concern is its impact on the victims' sense of right and wrong, their sense of self, their arousal capacities and their inhibition capacities, their awareness or lack of awareness of body states, their sense of personal power, and their self-comforting, self-preserving, and protective behaviors. There is also concern for the reality-mediating strategies used by the child to survive psychologically, cognitively, and (at times) physically.

Dissociation from Event

One way to understand the impact of sexual abuse on the child's developing personality structure is to analyze the development of the ego and the mechanisms of its defense. Ego as used here denotes that part of the personality that perceives, experiences, judges, and controls behavior. Ego development is involved with individual coping and adaptation processes. We find these concepts extremely useful in understanding impairments and gains in individual maturation.

During the past several decades major contributors to writings on ego psychology have included Anna Freud (1983), Heinz Hartmann (1948), and Erik Erickson (1950) among other contemporary theorists. Anna Freud (1983), among others, had emphasized that during normal ego development, in the battle for impulse control, developmental defects can take the place of regressive processes. This may be noted in an individual by a different rate of ego growth and a variance in the strength of the drives of sex and aggression. This state has the capacity to create internal disharmony, which the individual resolves by way of compromise.

Anna Freud suggests obsessive traits and uncontrollable impulsivity begin to develop if the ego maturation is premature or if there is slower development of drives. This contrasts with uncontrollable impulsivity that occurs when ego development lags behind drive development. This can also occur when, for constitutional reasons, ego strength is minimal and the given drive increases. These ego-factors impinge on the harmonious, simultaneous evolution of ego and drives. An imbalance in either one can create internal conflict.

Applying this theory to child sexual abuse, we believe the sexual abuse disrupts the evolution of equal development of drives and ego. That is, the drive component (sex and aggression) is being stimulated beyond ego development. Furthermore, the abuser accomplishes this disruption through intimidation and through distortion of reality and the child's sense of right and wrong. In addition, the physical approaches enforce irregular patterns of inhibition and disinhibition, rather than the child's normal rhythmic response in usual drive development. To deal with this externally provoked disruption of internal harmony, the child must invoke a life-saving mechanism to survive psychologically. This mechanism is *dissociation*.

Dissociation from the sexual abuse appears to be a prime and immediate method used by children to survive sexual assault during the abuse phase. Survival behaviors manifested by child victims during sexual assault include complying; negotiating; fighting; experiencing amnesia; crying; freezing in terror; and actively pretending to be somewhere or someone else. We define dissociation as a general process in which the mind fragments psychic integrity in the service of survival. In other words, the child victim diverts mental attention away from the abuse. Dissociation is a normal reaction to an emotionally loaded situation.

In order to understand dissociation, we need to discuss the role of ego and self-preservation. Self-preservation is vital to dissociation. Such self-preservation is an ego task, and external events that threaten people psychologically as well as physically call for this ego function. Because of extensive research, we understand this phenomenon clearly with adult victims of rape, combat, concentration camps, and hostage situation. However, less clear is the ego's role in child sexual abuse where the variable of violence is culturally defined. Conte (1984) suggests that our culturally bound definition of violence is too narrow and sexually biased in favor of men by not taking into account the psychological violence and force men use against women and children. Every time an adult sexually abuses a child, coercion, manipulation, force and violence are involved. To regard people who abuse children as nonviolent, argues Conte, is to fail to see them as their victims see them—as big and powerful.

The Role of Self-Preservation

Although no research exists regarding self-preservation and ego development in situations of child sexual abuse, we add this component to our model as an underlying assumption. In areas other than child sexual abuse, theorists have contributed to our understanding of the role of the ego in self-preservation. Hartmann's (1948) belief about the central role of the ego in relation to survival provides a basis for understanding the victim's capacity for self-care and self-protection.

Other contributors to the connection between ego and self-preservation include Glover (1933), Lowenstein (1949), Zetzel (1949), Rochlin (1965), and Mahler (1968). Kohut (1971) touches on the implications of self-preservation in the development of ego, especially in personality styles. The relationship between self-care and self-regulation is addressed by Sifneos and colleagues (1977); victim studies by Krystal and Raskin (1970) and Krystal (1977) discuss developmental disturbances and traumatic regressed states in substance abusers, concentration camp survivors, and sufferers of psychosomatic illness. These studies relate to ego survival during various levels of experience.

Khantzian and Mack (1983) examined self-preservation and self-care in drug abusers and summarize key points regarding these functions. They observe self-care to be a complete phenomenon involving multiple affective and cognitive processes, component functions, mechanisms of defense, and ego functions. The self-care function becomes internalized, primarily through the behaviors of the caretakers of the child. Their study (Khantzian and Mack, 1983) suggests that self-care capacities are closely associated with positive self-esteem and that a developing child needs to internalize the conviction, before self-care can begin, that he or she has value and is worth protecting. The need for protection by the child during sexual victimization suggests a comparison to the Khantzian and Mack study in that an adult forces a sexual act on a child, no adult protects the child and the child is unable to protect him or herself.

Splitting

Dissociation has the capacity to invoke the psychic mechanism of *splitting*, particularly if the repeated nature of child sexual abuse further burdens the child's psychic structure. Splitting is defined as a conflict between the demand of the instinct and the command of reality. The conflict persists as the center-point of a split in the ego; the rift never heals, but instead increases with time (Freud, 1938). Two indicators that splitting has occurred for the child victim are *ego-fragmentation* and *drive-disharmony*.

Ego-fragmentation can be observed through the victim's cognitions,

self-representation, and body state. There is a split in trust and in adult protection. There is a disruption of body-comforting states as well as of self-care, self-preservation, and protective function. The victim may also exhibit a diffuse sense of right and wrong, a misplaced loyalty, and a justification for violence, pain, or intimidation. The child may also take on a self-depricatory pattern (e.g., "I'm to blame," "I'm no good; that is why this is happening," "I deserve this because I have feelings," "I'm responsible for what will happen to others in my family if I tell"). This may be accompanied by a distorted sense of causality; or a distorted sense of self, of others, or of personal rights.

Drive disharmony, or the split in drive function (sexual and aggressive drives) is noted through dissonant levels of stimulation and inhibition. That is, drive disharmony is evidenced through confused body integrity (arousal stimulation), through disruption in an evenly patterned expression of sexuality (symptoms include hyper-sexuality and repeated sexual rubbing of body), and through sexualized relationships.

Patterned Responses to Events

The child adjusts to the sexual abuse through the use of defense mechanisms and certain behavior patterns. Four such patterns that have been noted in children (Burgess et al., 1984) are presented below.

In the *avoidant pattern*, the child's anxiety about the abuse remains sealed off, either consciously or unconsciously. When asked about the event, the child denies it, refuses to recognize its occurrence, and may not be able to give a clear picture of it. The child often has a stoic demeanor and actively avoids discussion. The child is afraid of the offender. Also, the child tends to be oriented to the present; when not under stress, the child manages life as if nothing has happened.

The *stress pattern* may bring forth such symptoms as depression and self-destructive behavior. Relationships with peers may be terminated, family relationships may be strained, school difficulties may persist, and minor antisocial acts may surface. The child does not have a clear sense of right and wrong. The child refuses to talk about the event. Unconsciously the child feels responsible and "bad" and feels that he or she has injured both self and family.

In the *symptomatic pattern*, acute symptoms become chronic. The symptoms may be related to the event, or they may be a compound reaction to continued victimization or other traumatic events. There may be a cumulative reaction to additional stressful events, such as separation of parents or the death of a family member. The child's anxiety over being powerless is increased, and the child is unable to master and exert control over this anxiety.

When asked about the event, child victims in this pattern become quite

anxious. They feel guilty and blame themselves—not the adult offender—for participating in the activity. These children are not in control of thoughts about the event; the event is still operant and conscious. Family relationships are often unstable, peer relationships may not be re-established, and the victims are not successful in socializing with children of the same age and may associate with younger children. They may drop out of school, continue sexually explicit behaviors, and be victimized again. They believe they should have known better and they should have told their parents. In addition, they are oriented to the past and may be hopeless about the future, believing it impossible to make up for what happened.

In the *pattern of identification with the abuser*, the child has introjected some characteristics of the anxiety caused by the abuse and has assimilated the anxiety by impersonating the aggressor. The child transforms himself or herself from the person threatened into the person who makes the threat. The child masters anxiety by exploiting others and by adopting an antisocial position toward peers, school, and family.

In talking about the event, the child who identifies with the abuser minimizes the exploitation, resents the interference of the authorities, and feels there is "much ado about nothing." The child maintains emotional, social, and economic ties with the offender and feels sorry or angry that the adult was exposed. This child has difficulties with authorities, especially in school. Use of drugs and alcohol, which is often part of the sexual abuse, continues and increases. There is a shift in the child's belief system that supports the antisocial behavior.

It is in the *psychotic pattern* that the most profound symptoms are noted. The child is unable to distinguish reality; the ego boundaries are significantly blurred. Primary symptoms may herald the secondary (psychotic) symptoms, such as loose associations prior to the shattering of cognitive, emotional, and physiological integration of the child. There is marked restricted ego development, and the traumatic event is split off and buried in delusional symptoms and material. There is splitting noted in interpersonal relationships, regressive behavior, and primitive, fixed, sexualized thinking patterns. For example, the child may report seeing the face of the abuser everywhere he or she goes.

FRAMEWORK UTILIZATION

Our cognitive-behavioral conceptual framework for examining traumatic event processing in sexual abuse victims is an initial model for understanding the child-victim experience. It is important to keep in mind limitations associated with its use. First, using this model does not allow direct observation of the victim's cognitive processes. We are neither

present at the time of the events nor are there adequate devices for direct measurement of cognitive processes.

Second, the interval between victimization and development of complete response patterns allows other variables, such as time, life stresses, and events, to intervene. Research using this model cannot control for these intervening factors.

Third, the psychodynamic concepts of ego fragmentation and drive disharmony are abstract phenomena. Thus they are subject to the above limitations imposed by intervening factors.

Given these limitations, we suggest this framework as a way to begin to understand the structure of the victim experience for the child and as a guide for the therapist in exploring the meaning of the event for all family members.

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